



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.
Governor

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Executive Director

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Division Director

Notification Form for Pharmacy Technicians

DOPL FM 037 REV 09/15/2006

Name of Formal Training Program _____

Training Start Date _____ Anticipated Date of Completion _____

Student's Name _____

Student's Address _____

Instructor's Name _____ Instructor's Phone _____

Additional Program Contact _____ Phone _____

Name of Person Arranging Clinical Sites _____ Phone _____

Comments: _____

Send Form to: Utah Board of Pharmacy
PO BOX 146741
Salt Lake City Utah 84114-6741

Please make copies of this form for future use. This form must be submitted PRIOR to beginning training of pharmacy technicians. Approval must be given by the Division before beginning a program. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program.